**CLINICALLY RELEVANT COMPOSITE OUTCOMES IN THE TREATMENT OF SYMPTOMATIC CORONARY ARTERY DISEASE (CAD)**

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Background: There is debate as to the optimal treatment of complex symptomatic CAD. A recent randomized control trial (RCT) compared bypass and angioplasty using a composite outcome of death, myocardial infarction, stroke and repeat revascularization. In the RCT it was found that angioplasty is an inferior procedure due to its increased revascularization rate, despite bypass having a marginally higher stroke rate, and being a more invasive procedure. As it seems unlikely that patients would attach similar clinical importance to these two outcomes, this study attempts to understand patients’ perspective of this discrepancy by asking them to choose between the two procedures, based on the results of the trial.

Method: Eligible patients (213) from a single cardiologist’s practice, who had experienced both an angioplasty and a bypass procedure in the past, were invited to participate in the study. Patients were asked for their preferred procedure based on a scenario that outlined the risks of the procedures obtained from the recent RCT.

Results: Given the scenario of an increased revascularization rate with angioplasty, 53 of the 68 participants preferred angioplasty; one did not have a preference, and 14 preferred bypass. Forty-eight (71%) would prefer multiple angioplasties to one bypass. Thirty-six (53%) of participants selected three or more angioplasties over one bypass.

Conclusion: Experienced patients indicate a preference for angioplasty, even when they are aware of the increased revascularization rate associated with this procedure. In order to make clinical trials more relevant to practice, patient preference could be used to determine and potentially weight composite clinical outcomes.